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Culturally sensitive care

A unique population presents special challenges

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When I moved to Minnesota several years ago, I joined a small clinic in St. Louis Park serving the Eastern European (predominantly Russian) community in the Twin Cities. I had no professional connections, so I started advertising my services in the Russian-speaking media. In a short time my schedule was full and was booked several weeks in advance. I did not understand why so many Russians came to my clinic. I later learned that Minnesota has one of the largest Eastern European communities in the Midwest. It is one of several American states that welcomed Eastern European religious refugees—Baptists, Pentecostals, Seventh Day Adventists, Catholics, and Russian Orthodox—following the breakup of the former Soviet Union.

I was a good fit for this job because I was familiar with the issues of immigrants, yet had worked with North American medical standards for several years. However, since I specialize in physical medicine and rehabilitation, a field that is not all encompassing, I felt that help from other specialists was necessary. I contacted my American colleagues and started referring my patients for consults, imaging studies, surgeries, and other procedures.

I was confident that my patients were receiving the best quality of care, but things did not work out as planned. I started receiving calls from my colleagues asking for clarification of my patients' issues. And I started hearing complaints from my patients about the American specialists. The more I listened, the more I understood that language and cultural differences presented both major and minor barriers to patient-physician interaction. I knew that my American colleagues were highly professional and skilled physicians, but I also understood the difficulty of working with immigrants, particularly when they lack exposure to the mainstream culture. This article reviews some of the health language challenges and cultural issues that affect medical encounters with Eastern European patients.

Health challenges

The Eastern European immigrant population poses a significant challenge to Minnesota's medical community. People arriving from former Soviet Union countries have serious health problems. Generally they are sicker than their American counterparts. Recent data from the World Health Organization suggest that possible contributing factors include the Chernobyl radiation catastrophe and its late sequelae, a poor social support system, and an undeveloped health insurance and worker's compensation system.

Though the former Soviet Union countries spent large sums on national defense, they neglected to provide adequate funding for rehabilitation, health maintenance programs, and disease prevention. Therefore, many immigrants require diagnoses, continuous treatment, and long-term rehabilitation for chronic disorders.

Language challenges

One of the major and most evident problems is the language barrier. Unlike younger immigrants, many older people from Eastern European countries never fully learned English or became integrated into American society. Research from the Wilder Foundation indicates that only 13 percent of Russian immigrants in Minnesota believe that they can speak and understand English well. The Minneapolis Foundation has identified translation needs for medical purposes as a key emerging issue in the state.

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Eastern European patients often use translators when visiting American providers. Without doubt, some descriptions of medical issues and certain clinical expressions are lost in translation. I remember a call from one of my patients who was terrified after a consultation at an x-ray department. The radiologist had tried to explain the nature of CT scanning, and the patient had misunderstood the translation: "Doctor, your radiologist friend told me that he will cut my body into small slices!" In addition, translation services are both costly and time consuming—a frustration to physicians and patients alike.

General cultural issues

Apart from the language barrier, other documented sources of stress for Eastern European immigrants include separation from family and friends, poor health, work and money problems, and homesickness. Some younger immigrants, particularly those who belong to conservative religious groups, remain suspicious of American medicine and refuse necessary treatment; instead, they continue to use familiar but potentially dangerous medications brought from their native countries.

Most Eastern European immigrant patients are hesitant, insecure, and reluctant to open up and allow physicians to assist them. Practitioners, in turn, often feel uneasy and insecure about treating a patient from an unfamiliar ethnic group The resulting collision of "cultural misreadings" can create a difficult and unproductive patient-physician encounter. The following discussion reflects my experiences with both groups; the sidebar gives tips for treating Eastern European immigrant patients.

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In general, people from Eastern Europe expect more *compassion and emotional closeness* from their physician. They seek out a professional yet close relationship with the provider. In Russia, a patient can "confess" to the doctor almost as if he is speaking with a priest. Instead of appreciating the American physicians' respect for the individual's privacy and autonomy, my patients complained about the quality of medical treatment they received and remained skeptical about the doctor's ability to understand their problems. Without a doubt, my American colleagues are excellent, compassionate physicians, but their more reserved manner is different from what the immigrants experienced in Russia. Many problems arise directly out of this cultural difference.

In Eastern European cultures, health is strongly equated with an absence of pain, and illness with the presence of pain. Illnesses that do not cause pain often go undiagnosed and undertreated; therefore, *prevention* of pathological conditions that are asymptomatic (e.g., hypercholesterolemia, diabetes) is a difficult concept for many East Europeans to grasp.

Rules of *physical examination* are different. For example, in Eastern Europe no hospital gowns are provided during physician examinations. Nudity is not considered shameful, and in Russia most patients are examined in their undergarments. My patients often felt self-conscious when I attempted to tie their gowns ("Why do you cover me? Is my body so ugly?"). In their eyes, this is a bizarre practice. My patients were also surprised and puzzled when physicians performed auscultation through their clothing.

Other medical-cultural differences

A few medical issues deserve special attention in providing care to Eastern European immigrants.

Imaging studies. Referrals for imaging studies, especially MRI or closed CT scans, often pose a problem. Some Baptists and Pentecostals do not like, do not believe in, or are unwilling to undergo MRI and CT scans because they are convinced that those studies go "against God's wishes." They refer to CT and MRI machines as "stoves" and are afraid that if they enter the stove, they "might get burned."

Medications. Eastern European religious immigrants, particularly the religious refugees, do not like to take opioids that are typically prescribed by mainstream American providers. Oral opioids were not widely available in Eastern European countries. Patients do not tolerate them well and have difficulty with common side effects such as drowsiness and somnolence. They also prefer older anti-inflammatory medications to newer COX-2 inhibitors like Celebrex and Mobic, which weren't available in their native countries; they feel that conventional NSAIDs provide better and faster pain relief. Many immigrants prefer to continue taking their old medications brought from abroad or to purchase holistic medical remedies.

Steroid injections. Most Eastern European immigrants are opposed to steroid medications because they believe that they produce harmful outcomes and can cause obesity and ruin one's immune system. I found it very difficult to prescribe steroid medications to my immigrant patients.

Herbal and natural medications. Many immigrants believe strongly in alternative medicine, and it is common for them to simultaneously seek treatment from allopathic health care providers and nontraditional healers. These patients often prefer herbal and natural medications to treat disorders such as musculoskeletal pain diseases, diabetes, coronary artery disease, and even cancer.

Homeopathic medicine. Many Eastern European religious refugees practice homeopathy and seek out homeopathic treatments. In Eastern Europe, only wealthy and high-profile patients could avail themselves of treatment by homeopathic physicians. Homeopathic medicine was considered an elite and exclusive treatment, especially in the larger cities of Russia, Poland, and Yugoslavia; and thus is associated with high quality of care.

Topical medications and ointments. Eastern European medicine widely used topical medications, pastes, and ointments in addition to or instead of oral medications. Some of these formulas were based on traditional anti-inflammatory medications like Emulgel (diclofenac acid); others were prepared using herbs and minerals such as camphor, menthol, and eucalyptus oils. Eastern European patients prefer topical anti-flammatory medications to have a heating or cooling effect in order to be sure that the medication is, in fact, "doing what it is supposed to do."

Prolotherapy and other therapeutic injections. The immigrant groups prefer and respond well to injections. Russian doctors commonly prescribed intramuscular, subcutaneous, and even intravenous injections. My patients often were upset with me when I prescribed pills instead of "real treatment."

Exercises, physical therapy, and chiropractic manipulation. Eastern Europeans do not understand the idea of physical therapy and chiropractic care. Chiropractic medicine does not exist in Eastern Europe. People from Eastern Europe understand physical modalities such as diathermy, Russian electrical stimulation, and ultrasound. (However, use caution when prescribing physical modalities to religious patients, who may fear insulation and cold lasers.) In general, Eastern Europeans do not like to participate in exercise and sports activities, so prescribing physical exercise may not be effective. Very few immigrant patients will comply with physician recommendations for home exercise.

Ten tips for doctors treating Eastern European immigrant patients.

1. Be patient and cordial, and take extra time to get to know immigrant patients.
2. Avoid using a patronizing, paternalistic tone.
3. Don't avoid physical contact; don't be afraid to compliment a woman or shake hands with a man.
4. Ask about the patient's church, family, and home country.
5. Try ethnic foods, encourage patients to share their recipes with you, and ask about local grocery stores where you can buy ethnic foods.
6. Joke, smile, and be optimistic.
7. Have a map in your office and ask the patient to show you his or her native country.
8. Display small souvenirs from your patients' countries.
9. Don't expect immigrants to have poor health coverage insurance. In fact, refugees' insurers often reimburse better for medical and auxiliary services.
10. Remember that most immigrants are totally at sea in the American medical, political, and social systems. They come to this country with a sincere belief that everything in America will be just like at home, only better. They are often frustrated and disappointed to discover that everything here is new and different.

Improving treatment and rehabilitation

Because recent Eastern European immigrants now have access to adequate and well-established health care, they attempt to receive attention from American physicians. However, assimilation into our medical system is a difficult and slow process for some of these new Americans. What is needed is a well-organized medical and rehabilitation network that can comply with Western standards while also respecting these immigrants' cultural and religious beliefs.

In response to the needs of this population, a group of local providers has organized the nonprofit organization Eastern European Medical Society (EEMS). The mission of EEMS is to bring together Minnesota medical providers who are willing to provide culturally sensitive rehabilitation and mental health and general health services to immigrants from Eastern Europe. The organization will strive to educate medical providers about the cultural and religious beliefs of our patients, enhance patient satisfaction, and decrease the provider's burden in dealing with Eastern European patients with limited English proficiency and those who are not fully acquainted with North American culture and medical management. EEMS is in its first stages of development, but we are optimistic that we can overcome language and cultural obstacles by fostering cooperation among people from various cultures.

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